

Name
in
Full

Levenia W. Armstrong

CERTIFICATE OF DEATH

MARYLAND

Died at *Whaleyville*

Town

Worcester

County

Date

of death

1907

Month

Mar

Day

16

Age

Years

17

Months

6

Days

5

Sex

*Female*Color or
Race*Colored*Birth-
place*Maryland*

Occupation

*House work*Where Residing if not
at place of death*Near Whaleyville*Married, Single
or Widowed*Single*Name of Wife or
Husband*None*Father's
Name*John W. Armstrong*Father's
Birthplace*Maryland*Mother's
Maiden Name*Mary Davis*Mother's
Birthplace*Maryland*Name of person giving
Information*Paynter Watson*How related
to deceased*None*

CAUSES OF DEATH

(1)

Primary

How long

four weeks

Immediate

How long

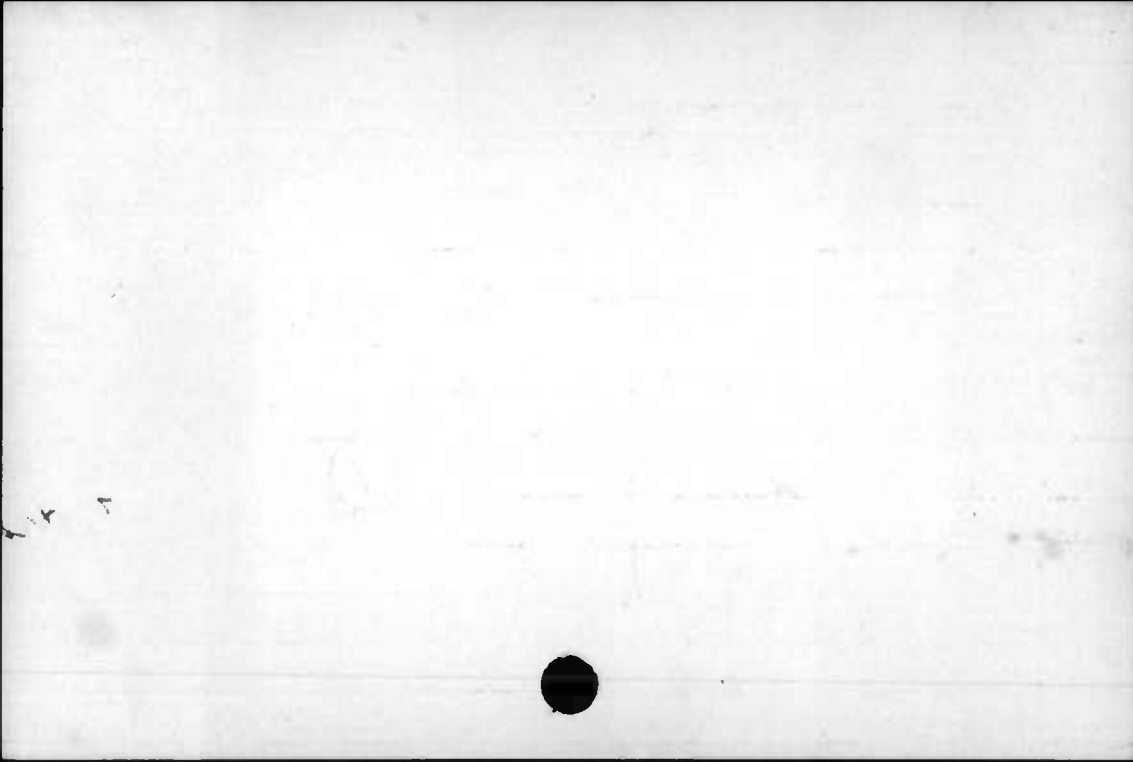
*four weeks*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

*Dr. P. Collins**Bismarck**Md.*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Littleton B. Birch

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

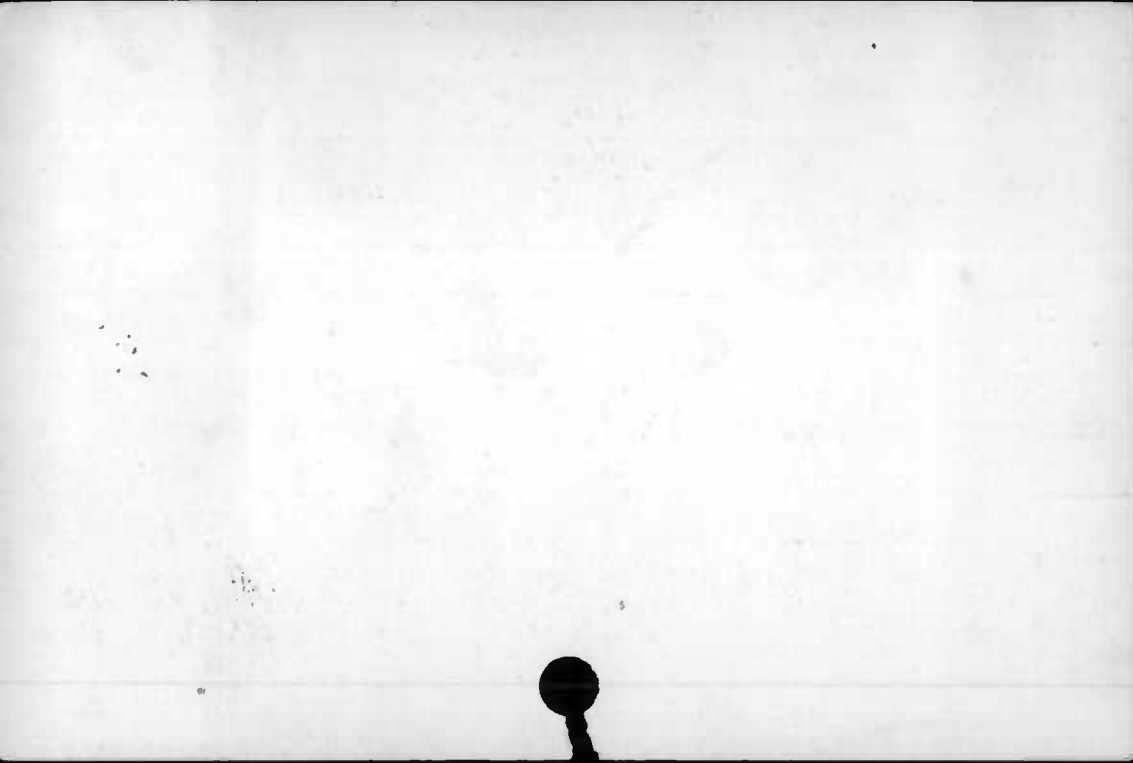
Died at <i>near Spence P.O.</i> ^{Town}			<i>Norchester</i> ^{County}			MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days	
<i>1907</i>	<i>Nov</i>	<i>20</i>	<i>79</i>		<i>5-</i>	<i>5-</i>	
Sex	Color or Race		Birth-place				
<i>Male</i>	<i>White</i>		<i>Nor. Co. Md.</i>				
Occupation	Where Residing if not at place of death						
<i>Farmer</i>	<i>Nor. Co. Md.</i>						
Married, Single or Widowed	Name of Wife or Husband						
<i>Married</i>	<i>Rose Turner</i>						
Father's Name	Father's Birthplace						
<i>Capt. James Birch</i>	<i>Nor. Co. Md.</i>						
Mother's Maiden Name	Mother's Birthplace						
<i>Don't know</i>	<i>" " "</i>						
Name of person giving information	How related to deceased						
<i>Samuel Crofton</i>	<i>none</i>						

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary	<i>Cancer Stomach</i>	How long	<i>8 mo</i>
Immediate	<i>Transition Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Paul Jones</i>	
		Address	
		<i>Snioo Hill Md</i>	
Accident or Suicide?			
<i>—</i>			



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Paul Bredde

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} BerlinCounty ^{County} WorcesterDate
of death 1907

Month 11

Day 21

Age

Years 30

Months —

Days —

Sex

Male

Color or
Race

Wk

Birth-
place

Berlin

Occupation

Farmer

Where Residing if not
at place of death

Berlin

Married, Single
or Widowed

Widowed

Name of Wife or
Husband

Unterschied

Father's
Name

Jacob Bredde

Father's
Birthplace

Berlin

Mother's
Maiden Name

Nansen

Mother's
Birthplace

Berlin

Name of person giving
information

E. Holand

How related
to deceased

None

CAUSES OF DEATH

108

Primary

Infection
Peritonitis

How long

Immediate

How long

24 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

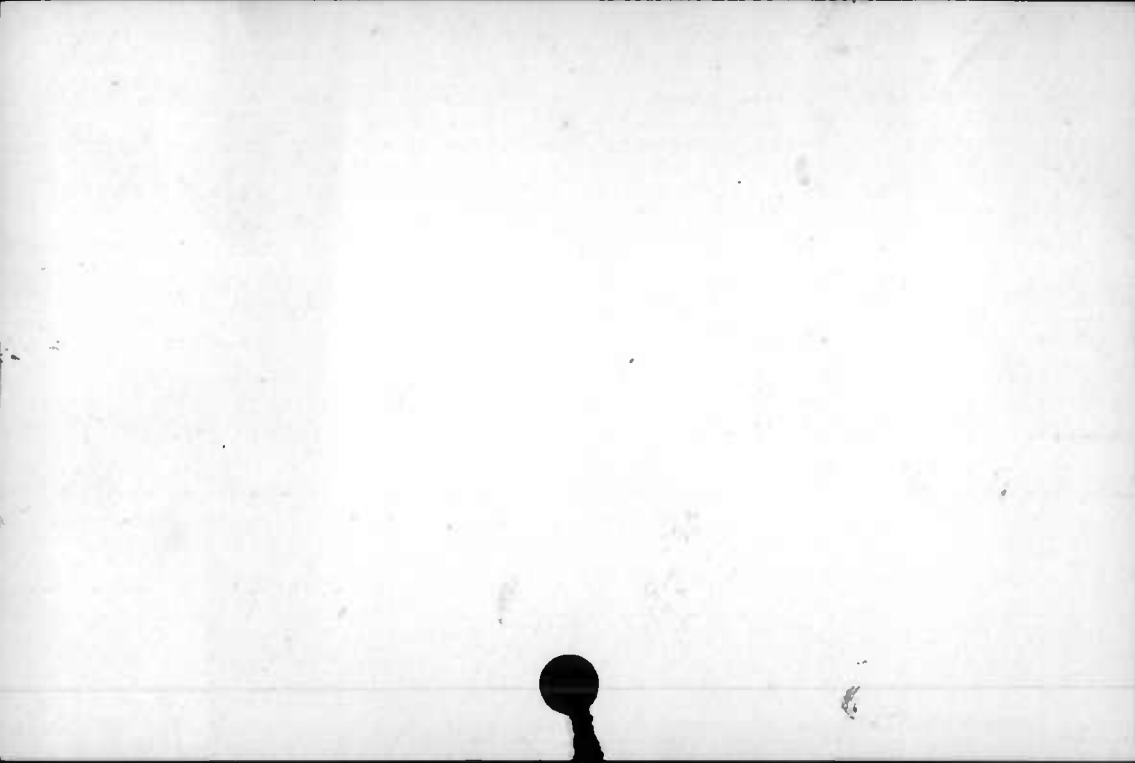
E. Holand

Address

Berlin
Md

Accident or Suicide?

LIBRARY BUREAU A58818



Name
in
Full

Sarah Briddell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at near Berlin Worcester MARYLAND

Date of death 1907 Nov 14 After noon 80

Sex Female Color or Race Black Birth-place Ind. Pa

Occupation House keeper Where residing if not at place of death Ind. Pa

Married, Single or Widowed Widow Name of Wife or Husband Robert Briddell

Father's Name Don't know Father's Birthplace

Mother's Maiden Name Don't know Mother's Birthplace

Name of person giving information Julia Fassett How related to deceased Mother

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary Valvular disease of Heart How long 6 mos

Immediate Heart failure How long

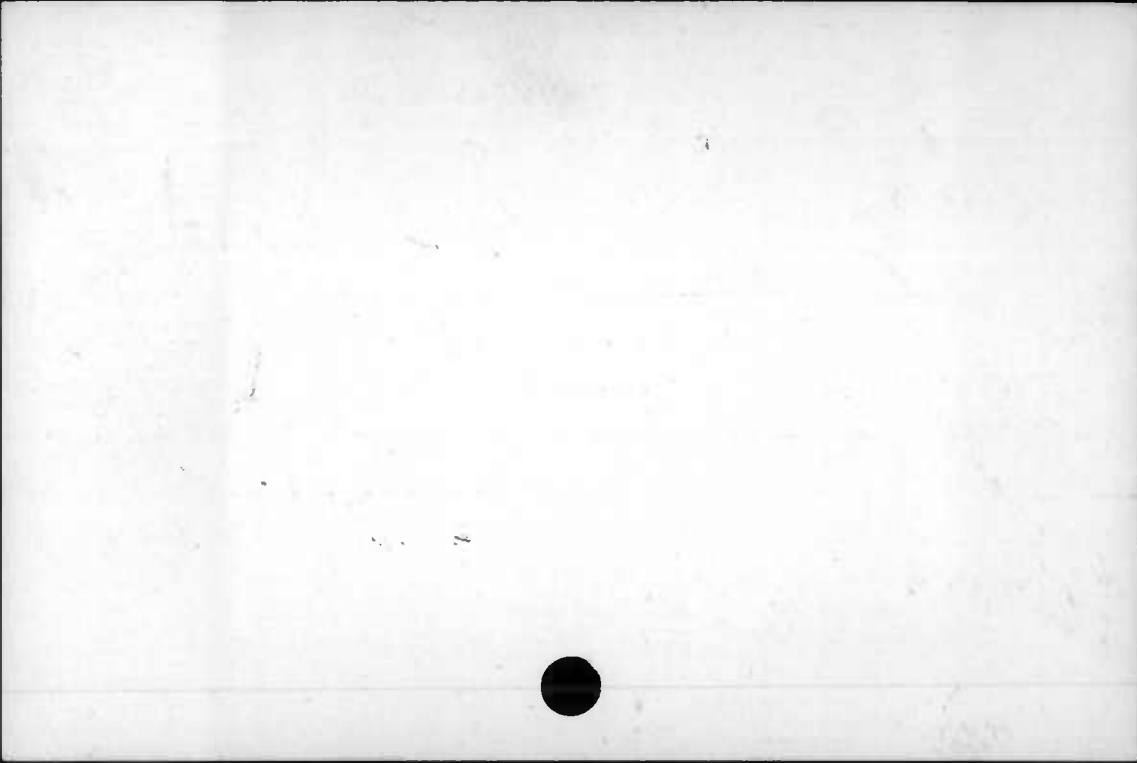
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Eli T Folland

Address Berlin

Ind

Accident or Suicide? No



Name
in
Full

Mary M. Campbell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

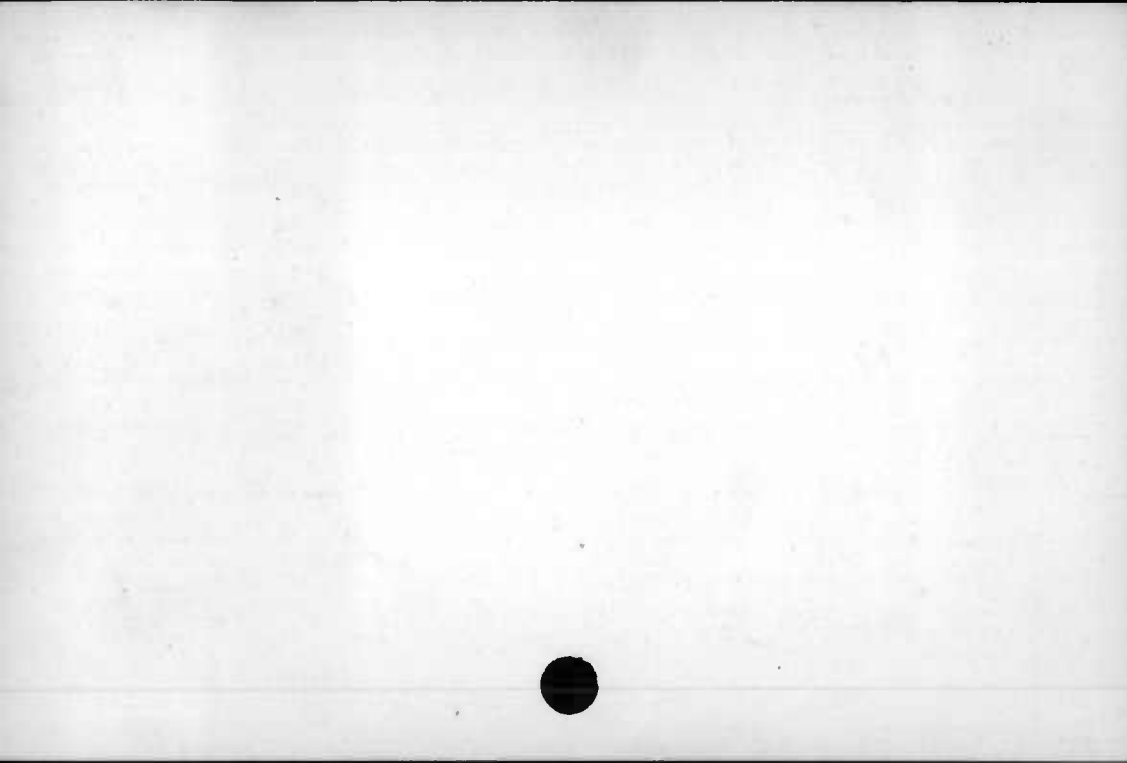
Died at <i>Brownsville</i>		County <i>Thomson</i>		MARYLAND	
Date of death	1907	Month	11	Day	17
Age		75		Months	
Sex	Female	Color or Race	White	Birth-place	MD
Occupation	Wife		Where Residing if not at place of death		
Married, Single or Widowed	Widow	Name of Wife or Husband <i>Henry Campbell</i>			
Father's Name	Unknown			Father's Birthplace	
Mother's Maiden Name	<i>Elizabeth Adams</i>			Mother's Birthplace	
Name of person giving information	<i>Sallie P. Adams</i>			How related to deceased <i>Sister</i>	

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	<i>Simple decay</i>	How long	<i>3 years</i>
Immediate	<i>Edema</i>	How long	<i>12h</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr. H. H. H.</i>	
		Address <i>Brownsville</i>	
Accident or Suicide?			



Name
in
Full

Sallie Laffin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at Berlin Town

County

Winchester

MARYLAND

Date of death 1907 Month None Day 11Age 65 Years

Months

Days

Sex FemaleColor or
RacewhiteBirth-
placeMaryland

Occupation

NoneWhere Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameJohn LaffinFather's
BirthplaceMarylandMother's
Maiden NameBetsy A. KeMother's
BirthplaceMarylandName of person giving
informationPhenna TaylorHow related
to deceasedSister

CAUSES OF DEATH

79

Primary

Mitral disease of heart

How long

years

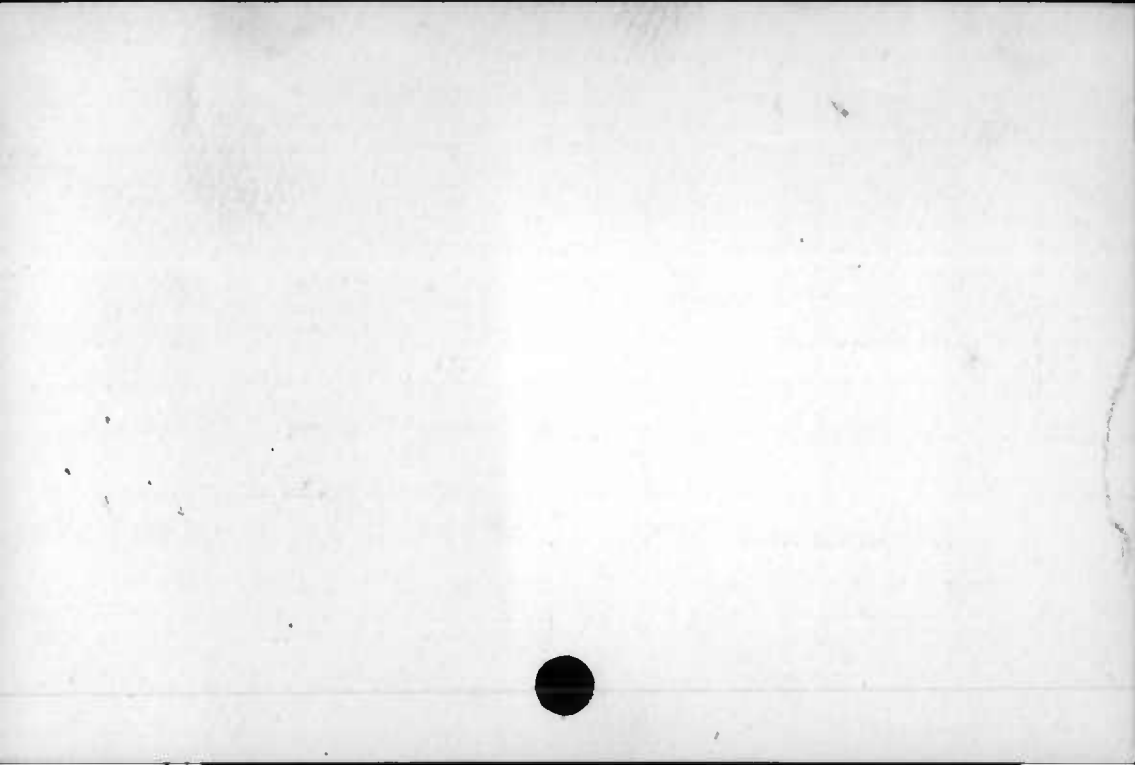
Immediate

Heart failureAre the name, age, sex, color, date
and place correctly given above?YesSignature of
PhysicianE. H. Holland

Address

Berlin

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

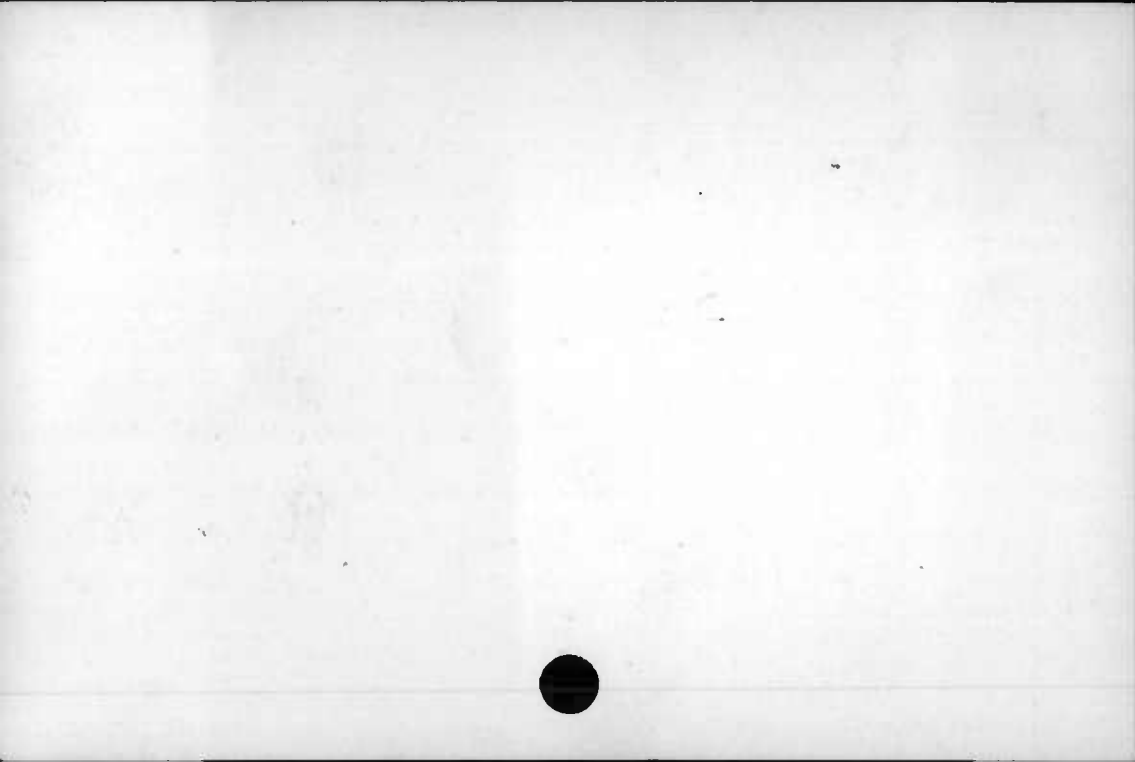
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Paranthe</i> <small>Town</small>		<i>Monrovia</i> <small>County</small>		MARYLAND			
Date of death	<i>1907</i>	Month <i>11</i>	Day <i>1</i>	Age <i>1</i>	Years <i>6</i>	Months <i>6</i>	Days <i>1</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Md.</i>				
Occupation <i>✓</i>	Where Residing if not at place of death <i>Princess Anne Md.</i>						
Married, Single or Widowed <i>✓</i>	Name of Wife or Husband <i>✓</i>						
Father's Name <i>James Dashnell</i>	Father's Birthplace <i>Md.</i>						
Mother's Maiden Name <i>Mabel Lyon</i>	Mother's Birthplace <i>W. Va.</i>						
Name of person giving information <i>James Dashnell</i>	How related to deceased <i>Father</i>						

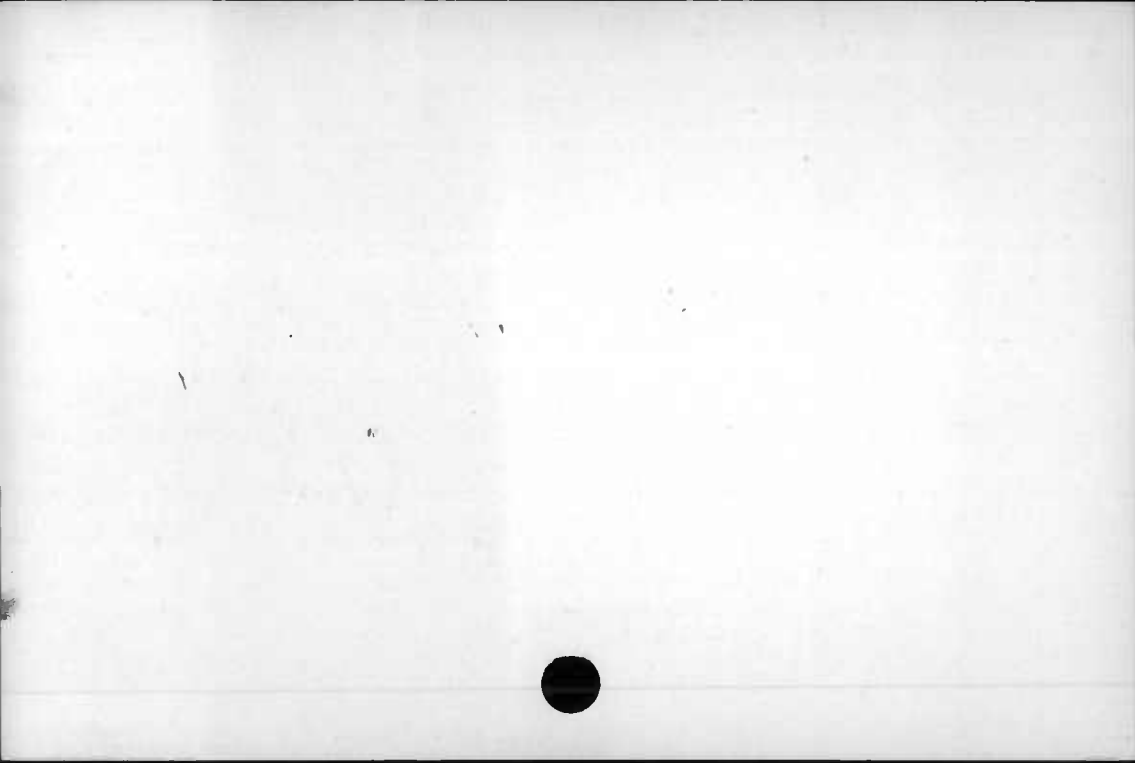
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	How long <i>1 1/2</i>	<i>6 m</i>
Immediate <i>Collapsus</i>	How long <i>2 hrs</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. N. Wilson</i>	Address <i>Paranthe City</i>
Accident or Suicide? <i>✓</i>		



Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND		Died at Town <u>Proconville</u>		County <u>Worcester</u>		
		Date of death		Age		
		Month <u>11</u>	Day <u>10</u>	Years <u>23</u>	Months	Days
		Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>Proconville</u>		
		Occupation <u>Lawman</u>	Where Residing if not at place of death			
		Married, Single or Widowed <u>Single</u>	Name of Wife or Husband			
		Father's Name <u>J. D. Dryden</u>		Father's Birthplace <u>Ind.</u>		
Mother's Maiden Name <u>Virginia Twilley</u>		Mother's Birthplace <u>Ind</u>				
Name of person giving information <u>Wm. Dryden</u>		How related to deceased <u>Brother</u>				
CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary <u>Tetanus</u>		How long <u>10 days</u>		
		Immediate <u>collapse</u>		How long <u>few hours</u>		
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>J. N. Willis</u>		
				Address <u>Proconville</u>		
		Accident or Suicide?				



Name
in
Full

Edenia Farr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

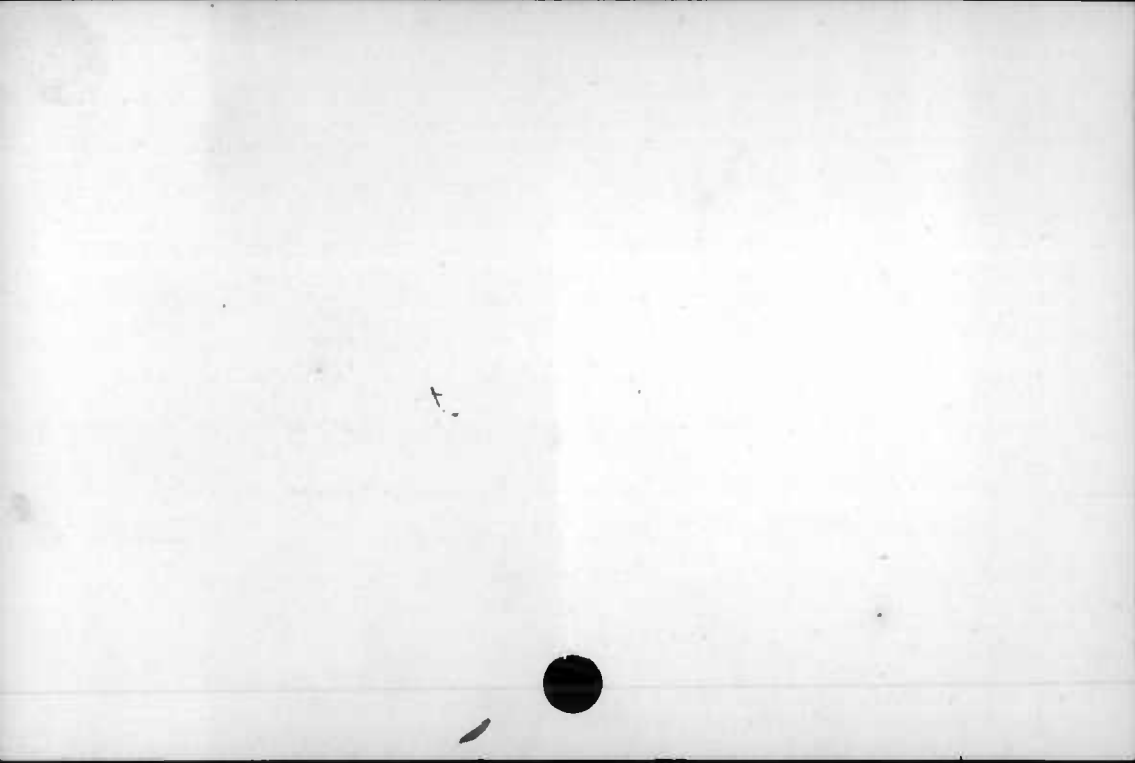
Died at <i>Pocomoke City</i>		Town <i>Pocomoke City</i>		County <i>Worcester</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Nov</i>	Day <i>7</i>	Age <i>14</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Worcester, Mass</i>					
Occupation <i>School girl</i>	Where Residing if not at place of death <input checked="" type="checkbox"/>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <input checked="" type="checkbox"/>						
Father's Name <i>Major Farr</i>	Father's Birthplace <i>Worcester, Mass</i>						
Mother's Maiden Name <i>Minnie Watson</i>	Mother's Birthplace <i>Worcester, Mass</i>						
Name of person giving information <i>Hampton Evans</i>	How related to deceased <i>Father in Law</i>						

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary tuberculosis</i>	How long <i>8 months</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R. R. Haege</i>
	Address <i>Pocomoke City, Md.</i>
Accident or Suicide?	



Name
in
Full

Gordon Thomas Griffin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} near Newark ^{County} Worcester

Date of death 1907 11 17 Age 27 Months 2 Days 1

Sex female Color or Race Caucasian Birth-place Newark, Md.

Occupation Farmer Where Residing if not at place of death Place of death,

Married, Single or Widowed Single Name of Wife or Husband None

Father's Name James C. Griffin Father's Birthplace Wor. Co., Md.

Mother's Maiden Name Margaret M. Somack Mother's Birthplace Wor. Co., Md.

Name of person giving information Miss. Maggie Griffin How related to deceased Sister

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary Tuberculosis How long 8 yrs.

Immediate Inc. debility Heart failure How long r

Are the name, age, sex, color, date and place correctly given above?

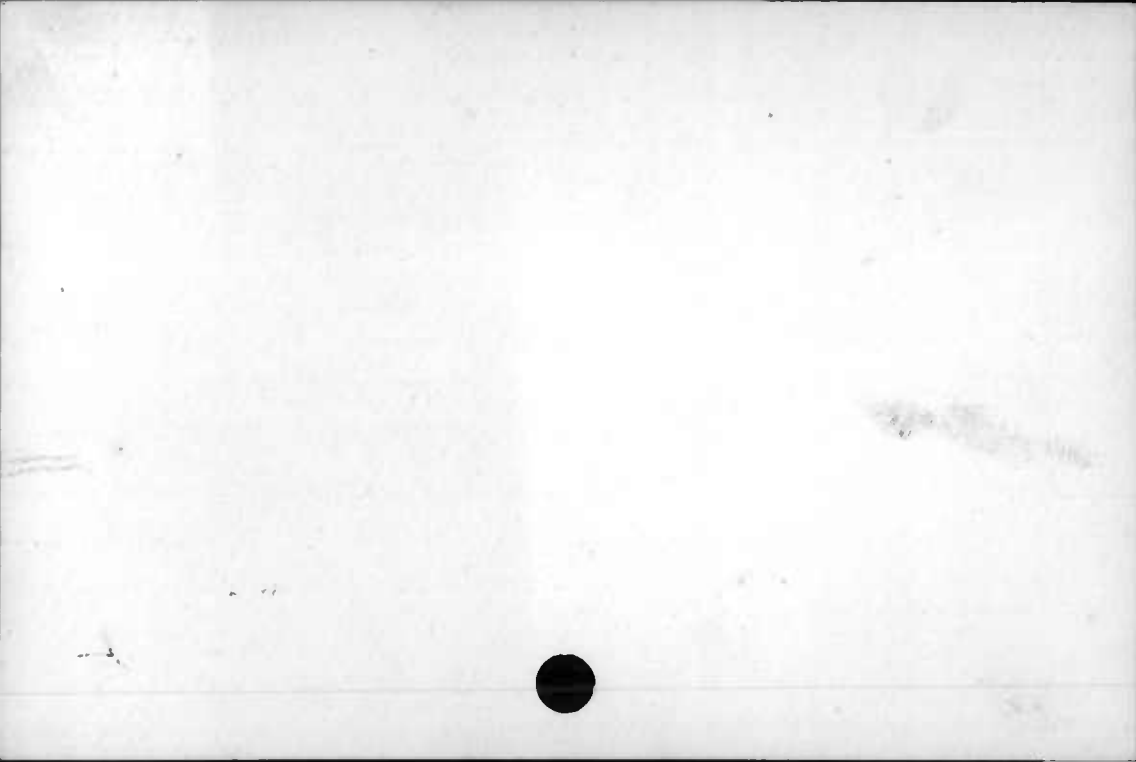
yes

Signature of Physician

Address

W. D. Strangin
Snow Hill, Md.

Accident or Suicide? neither



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

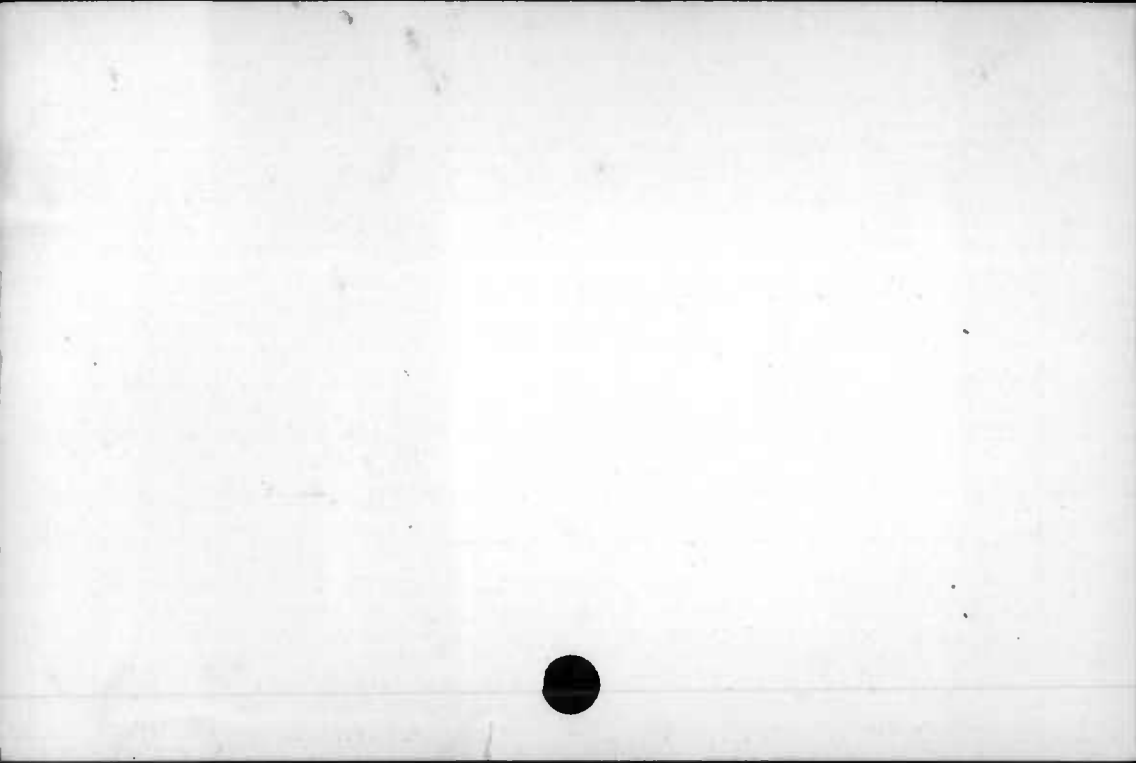
Name in Full <i>G. James Holloway</i>		Town <i>near Snow Hill</i>		County <i>Worcester</i>		MARYLAND	
Died at <i>near Snow Hill</i>		Month <i>Nov</i>		Day <i>1</i>		Years <i>16</i>	
Date of death <i>1907 Nov 1</i>		Age <i>16</i>		Months <i>1</i>		Days <i>20</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Ind</i>			
Occupation <i>raising</i>		Where Residing if not at place of death <i>L</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>L</i>					
Father's Name <i>Grumbrough F Holloway</i>		Father's Birthplace <i>Ind.</i>					
Mother's Maiden Name <i>Emma Riley</i>		Mother's Birthplace <i>Ind.</i>					
Name of person giving information <i>G. F. Holloway</i>		How related to deceased <i>father</i>					

CAUSES OF DEATH

(30)

PHYSICIAN
OR CORONER

Primary <i>Diabetes</i>	How long <i>12 months</i>
Immediate <i>Heart failure debility</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Gardner Spring M.D.</i>
	Address <i>Salisbury Ind.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

William H. Foster

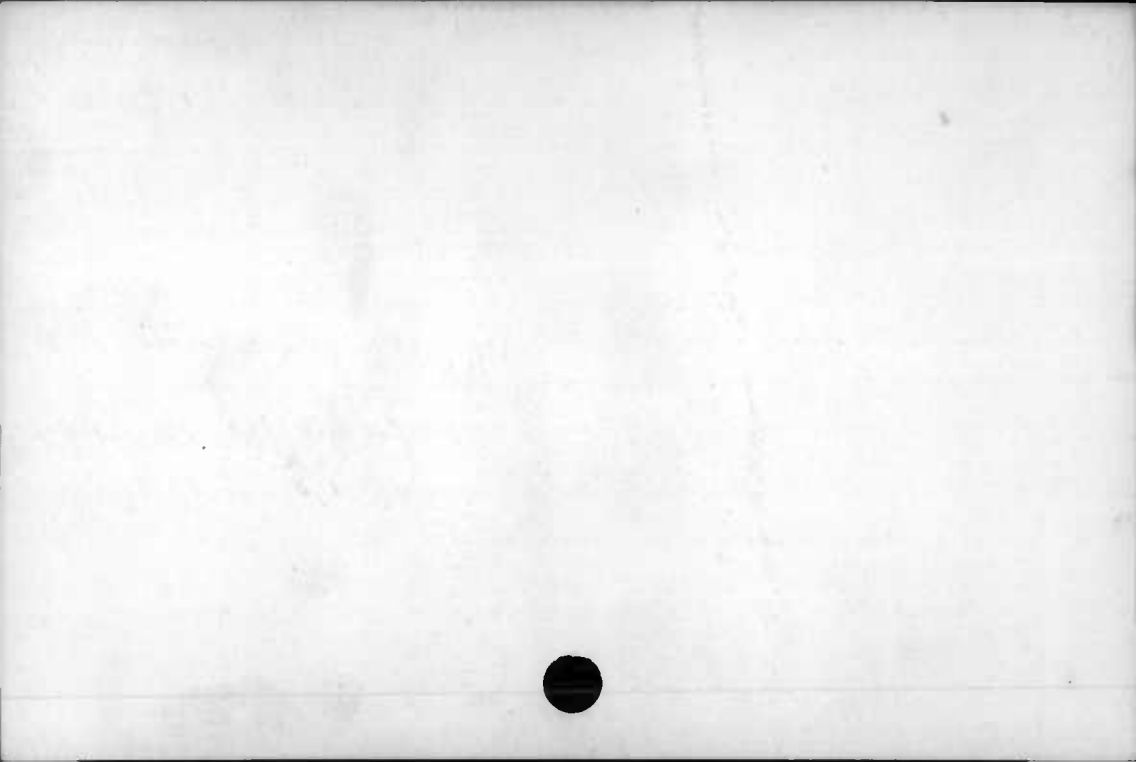
CERTIFICATE OF DEATH

Died at		Town Pocomoke City		County Worcester		MARYLAND	
Date of death		Month 11	Day 8	Age 75	Years	Months	Days
Sex male		Color or Race white		Birth-place Del			
Occupation Farmer		Where Residing if not at place of death Delaware					
Married, Single or Widowed Widowed		Name of Wife or Husband — Unknown					
Father's Name Unknown		Father's Birthplace —					
Mother's Maiden Name Unknown		Mother's Birthplace —					
Name of person giving information Chris S. Bonny		How related to deceased Sister					

CAUSES OF DEATH

91

Primary	Septile Bronchitis	How long	5 yrs
Immediate	Sudden Collapse	How long	10 min
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J. M. Wilson	
Address		Pocomoke City	
Accident or Suicide?		No	



Name
in
Full

CERTIFICATE OF DEATH

Sallie Matthews

Town

Pawmokeats

County

Morristown

MARYLAND

Died at

Date

of death 1907

Month

Nov

Day

14

Age

Years

75

Months

Days

Sex

Female

Color or
Race

colored

Birth-
place

Accomac Co Va

Occupation

Domestic

Where Residing if not
at place of death

Pawmokeats

Married, Single
or Widowed

Widow

Name of Wife or
Husband

Jno Matthews

Father's
Name

Solomon Wharton

Father's
Birthplace

Accomac Va

Mother's
Maiden Name

Ebbie Wharton

Mother's
Birthplace

" "

Name of person giving
information

Jas Wharton

How related
to deceased

son

CAUSES OF DEATH

104

Primary

indigestion

How long

2 months

Immediate

exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

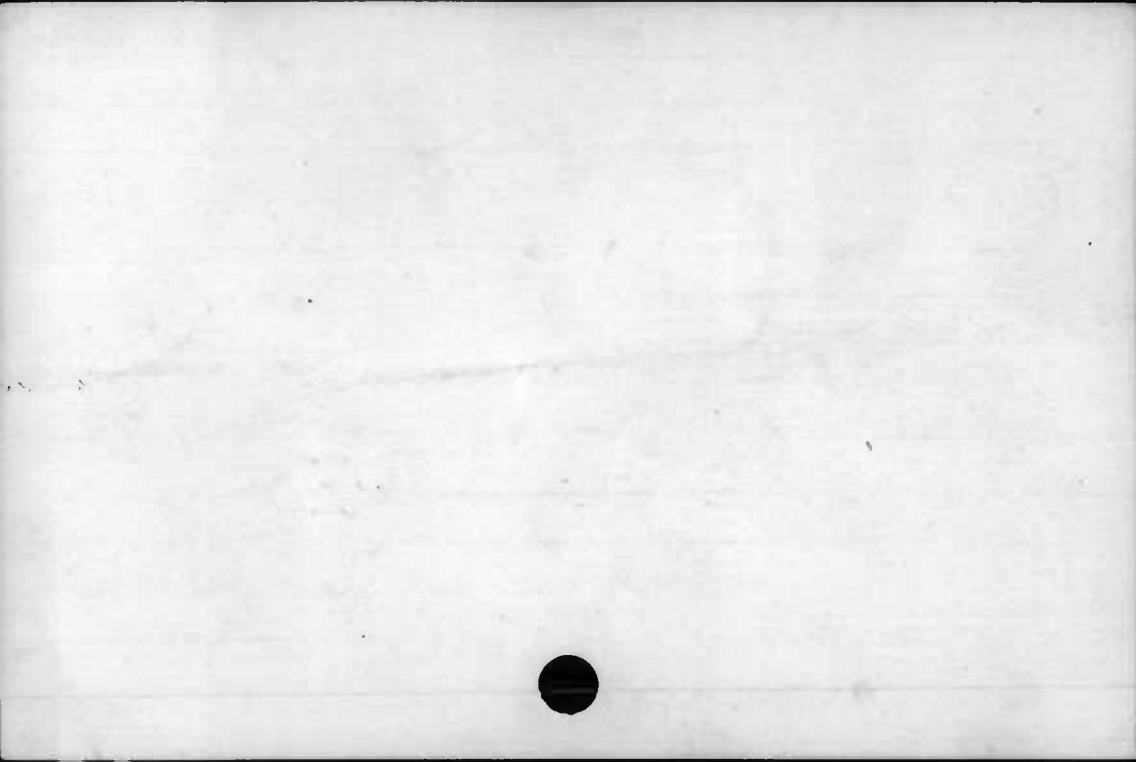
Signature of
Physician

Address

Saml S Quinn
Pawmokeats Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Unnamed. boy Matthews

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

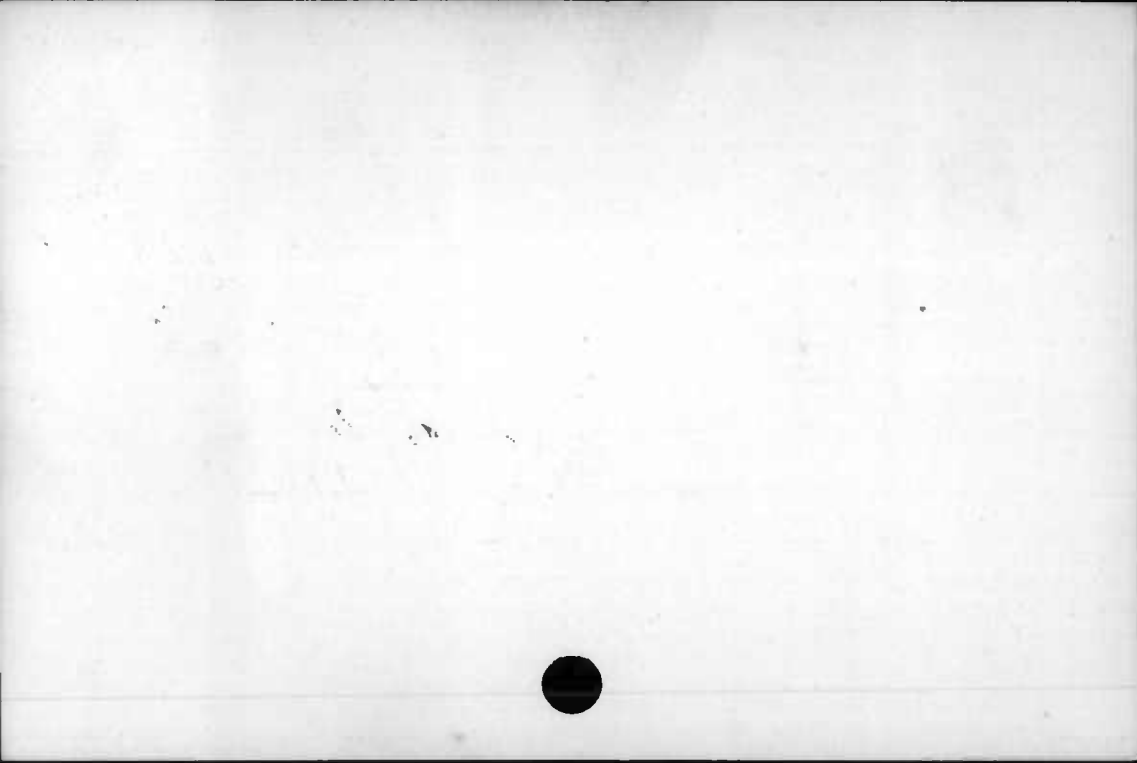
Died at <u>Pocomoke</u> Town			<u>Worcester</u> County		MARYLAND	
Date of death <u>1907</u>		Month <u>11</u>	Day <u>26</u>	Age <u>—</u> Years	Months <u>—</u>	Days <u>3 hours</u>
Sex <u>male</u>		Color or Race <u>Colored</u>		Birth-place <u>md</u>		
Occupation <u>none</u>			Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>single</u>		Name of Wife or Husband <u>—</u>				
Father's Name <u>Ben. Matthews</u>				Father's Birthplace <u>md</u>		
Mother's Maiden Name <u>Mary Collins</u>				Mother's Birthplace <u>md</u>		
Name of person giving information <u>Ben Matthews</u>				How related to deceased <u>father</u>		

CAUSES OF DEATH

157

PHYSICIAN
OR CORONER

Primary	<u>Probably Premature Labor</u>	How long	<u>How long</u>
Immediate	<u>General weakness</u>	How long	<u>3 hours</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>W. M. Smith</u>	
		Address <u>—</u>	
Accident or Suicide?			



Name in Full		Certificate of Death				
Susan E. Owens		MARYLAND				
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>St. Lukes</i> <small>Town</small>	<i>Worcester</i> <small>County</small>				
	Date of death <i>1907</i> <small>Month</small>	<i>Nov.</i> <small>Day</small>	<i>26th</i> <small>Age</small>	<i>67</i> <small>Years</small>	<i>2</i> <small>Months</small>	
	<i>Female</i> <small>Sex</small>	<i>White</i> <small>Color or Race</small>	<i>Worcester Co. Md.</i> <small>Birth-place</small>			
	<i>Housekeeper</i> <small>Occupation</small>		<i>Where Residing if not at place of death</i>			
	<i>Widow</i> <small>Married, Single or Widowed</small>	<i>Uriah F. Owens</i> <small>Name of Wife or Husband</small>				
	<i>Elijah Briddell</i> <small>Father's Name</small>	<i>Worcester Co. Md.</i> <small>Father's Birthplace</small>				
	<i>Mariah Louitt</i> <small>Mother's Maiden Name</small>	<i>" " "</i> <small>Mother's Birthplace</small>				
<i>James L. Owens</i> <small>Name of person giving information</small>			<i>Son</i> <small>How related to deceased</small>			
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary <i>Pneumonia & Nephritis</i>		<i>93</i> <small>How long</small>			
	Immediate <i>Older of lungs</i>		<i>few hours</i> <small>How long</small>			
	Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>Louis W. McMonis, M.D.</i>			
			Address <i>Palmyra, Md.</i>			
	Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Arnold Smack

Town

New Bedford

County

Norfolk

MARYLAND

Date

of death

1907

Month

iv

Day

16

Age

Years

26

Months

Days

Sex

Male

Color or
Race

Blk

Birth-
place

Md

Occupation

Farmer

Where Residing if not
at place of death

New Bedford

Married, Single
or WidowedName of Wife or
Husband

Lizzie Massey

Father's
Name

Henry Smack

Father's
Birthplace

Md

Mother's
Maiden Name

Maggie Massey

Mother's
BirthplaceName of person giving
Information

T. Syd Jones

How related
to deceased

CAUSES OF DEATH

①

Primary

Typhoid fever

How long

3 weeks

Immediate

Perforated bowels

How long

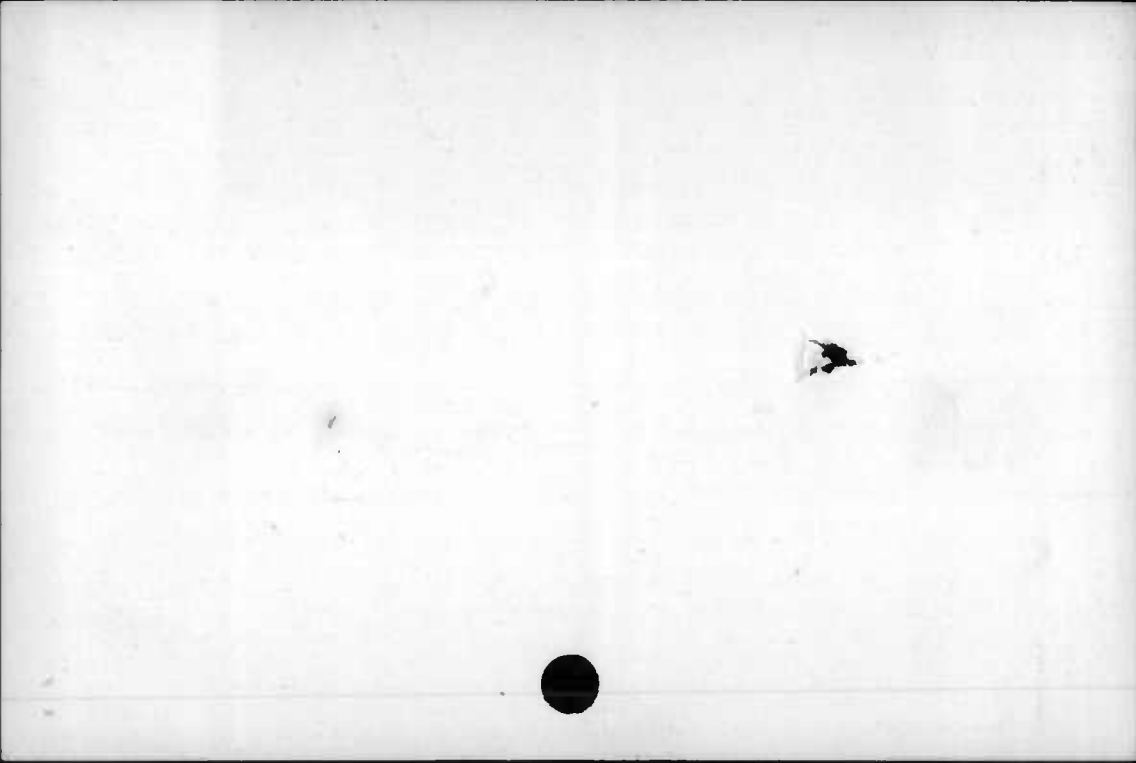
Are the name, age, sex, color, date
and place correctly given above?

Yes

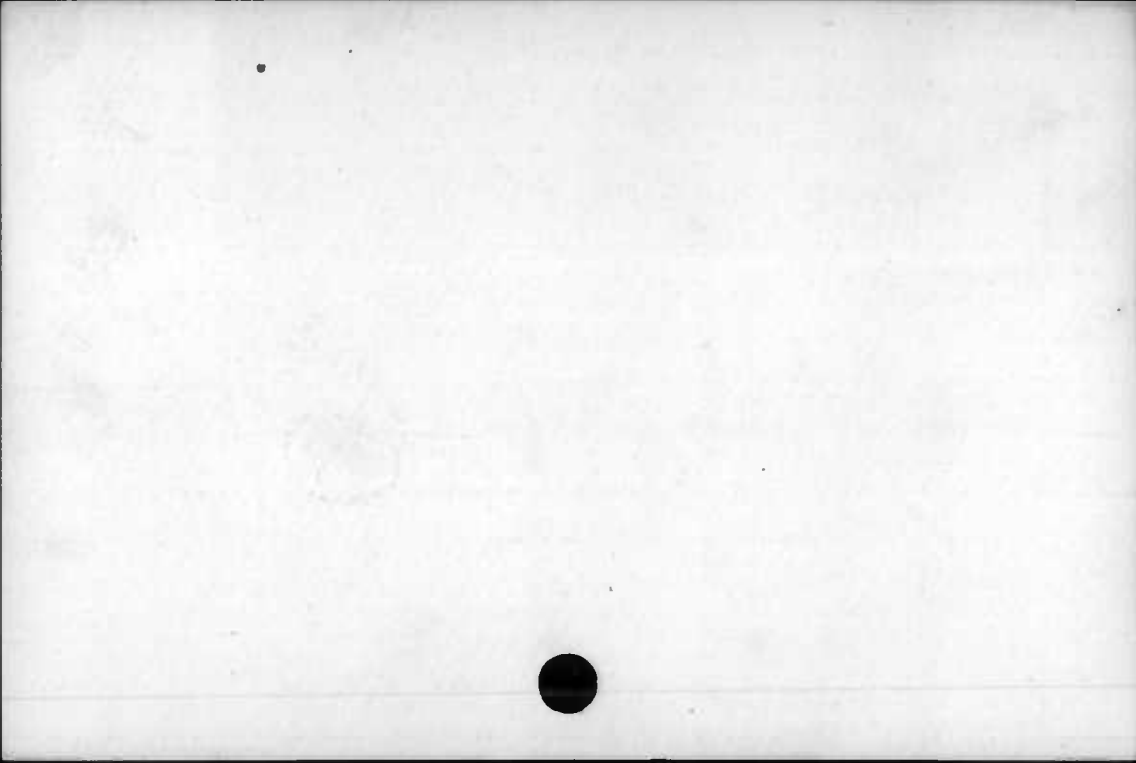
Signature of
PhysicianE. B. Holland
New Bedford
Md

Address

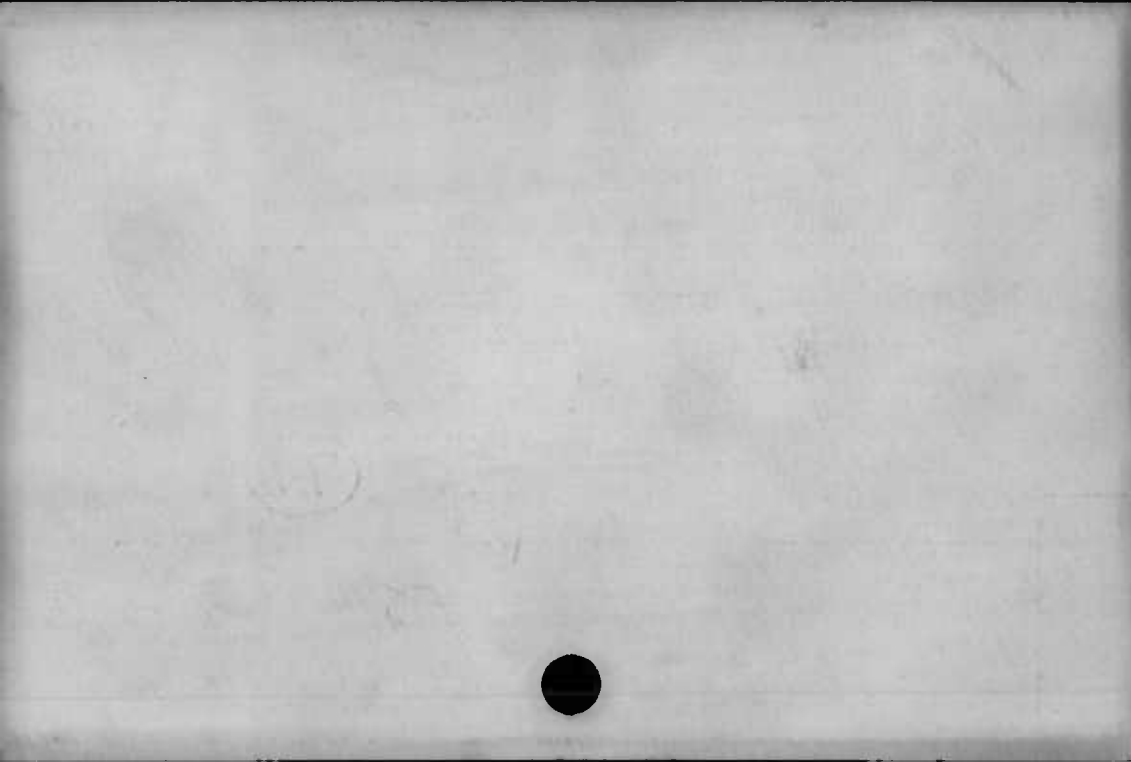
Accident or Suicide?



Name in Full		Jenni Warren				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Burling Town		County		Winchester
	Date of death		1907	Month November	Day 14	Age 7	Years Months Days
	Sex		Female		Color or Race		Black
	Occupation				Birth- place		Maryland
					Where Residing if not at place of death		
	Married, Single or Widowed				Name of Wife or Husband		
	Father's Name		Isaac Warren		Father's Birthplace		Maryland
Mother's Maiden Name		Josephine Farris		Mother's Birthplace		Maryland	
Name of person giving Information		Isaac Warren		How related to deceased		Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Pulmonary Tuberculosis		How long		1 year
	Immediate				How long		
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Isabel Tyndall
					Address		Burling
Accident or Suicide?							



Name in Full		John Wheaton				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Pocomoke city	County Worcester	MARYLAND		
		Date of death		1907	Month Nov	Day 27	Age 50	Months Days
		Sex		Male		Color or Race	colored	
		Occupation		Laborer		Birth- place	Worcester Co	
				Where Residing if not at place of death		Pocomoke city		
		Married, Single or Widowed	Married		Name of Wife or Husband	Emma Mills		
		Father's Name	Michael Wheaton			Father's Birthplace	Worcester Co	
		Mother's Maiden Name	Caroline Caston			Mother's Birthplace	" "	
		Name of person giving Information	Jas Wheaton			How related to deceased	Nephew	
		CAUSES OF DEATH				79		
PHYSICIAN OR CORONER		Primary	Valvular Heart Disease				How long 4 months	
		Immediate	Emphysema				How long	
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
				Address		Pocomoke city Md		
		Accident or Suicide?						



Name
in
Full

Annie E. Whaley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Bishopville		County Worcester		MARYLAND	
Date of death		Month Mar	Day 10	Years 1897	Months 4	Days 9	
Sex Female	Color or Race White		Birth-place S.C.				
Occupation House Keeper		Where Residing if not at place of death					
Married, Single or Widowed Widow	Name of Wife or Husband Peter Whaley						
Father's Name Thos. Timmons		Father's Birthplace Md					
Mother's Maiden Name Annie Timmons		Mother's Birthplace Md					
Name of person giving information J. B. Whaley		How related to deceased Son					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Heart Failure	How long	20 Min.
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician R. P. Collins	
yrs		Address Bishopville	
Accident or Suicide?		S.C.	

